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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price				
Address	Baxter Healthcare Corporation - Fenwall Division, RLP-30				
Address	P.O. Box 490 - Route 120 & Wilson Road				
City	Round Lake	State	Illinois	Zip	60073
Country	USA				
Telephone	(847) 270-2632	Fax	(847) 270-2658		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name William H. Cork

Signature 

Date 9/17/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

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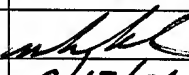
<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price				
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SIGNATURE of Applicant or Assignee of Record

Name	Mark C. Weber
Signature	
Date	9/17/01

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William H. Cork

Group Art Unit

Examiner Name

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SIGNATURE of Applicant or Assignee of Record

Name

Kyungyoon Min

Signature

Date

9/25/01

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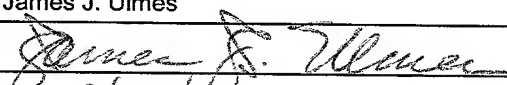
<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price				
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SIGNATURE of Applicant or Assignee of Record

Name	James J. Ulmes
Signature	
Date	9/28/2001

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SIGNATURE of Applicant or Assignee of Record

Name

Richard L. West

Signature



Date

10/9/01

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SIGNATURE of Applicant or Assignee of Record

Name Ying-Cheng Lo

Signature

Date

10-02-01

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number OR ☒ Correspondence address belowName Bradford R. L. PriceAddress Baxter Healthcare Corporation
Fenwal Division, RLP-30
P.O. Box 490 - Route 120 & Wilson RoadCity Round LakeState ILZIP 60073Country USATelephone (847) 270-2632Fax (847) 270-2658

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) William H.Family Name
or Surname CorkInventor's
Signature William H. CorkDate 9/17/01Residence: City Lake Bluff ILState IllinoisCountry USACitizenship USAMailing Address 439 W. Sheridan PlaceCity Lake BluffState IllinoisZIP 60044Country USANAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) James J.Family Name
or Surname UlmesInventor's
Signature James J. UlmesDate 10/10/01Residence: City Lake Zurich ILState IllinoisCountry USACitizenship USAMailing Address 575 Cortland DriveCity Lake ZurichState IllinoisZIP 60047Country USA☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

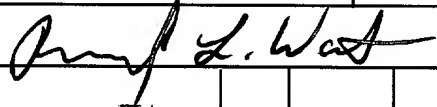
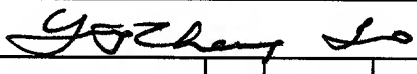

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Richard L.</u>				<u>West</u>			
Inventor's Signature				Date	<u>10/9/01</u>		
Residence: City	<u>Lake Villa</u>	State	<u>IL</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address <u>37162 N. Lake Shore Drive</u>							
Post Office Address							
City	<u>Lake Villa</u>	State	<u>Illinois</u>	ZIP	<u>60046</u>	Country	<u>USA</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Ying-Cheng</u>				<u>Lo</u>			
Inventor's Signature				Date	<u>10-22-01</u>		
Residence: City	<u>Green Oaks</u>	State	<u>IL</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address <u>225 Fox Run Road</u>							
Post Office Address							
City	<u>Green Oaks</u>	State	<u>Illinois</u>	ZIP	<u>60048</u>	Country	<u>USA</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Mark C.</u>				<u>Weber</u>			
Inventor's Signature				Date	<u>9/17/01</u>		
Residence: City	<u>Algonquin</u>	State	<u>IL</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address <u>800 Birch Street</u>							
Post Office Address							
City	<u>Algonquin</u>	State	<u>Illinois</u>	ZIP	<u>60102</u>	Country	<u>USA</u>

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Kyungyoon

Min

Inventor's
Signature

Date Dec 10, 2001

Residence: City Gurnee IL

State IL

Country USA

Citizenship South Korea

Mailing Address

Mailing Address 7267 Clem Drive

City Gurnee

State IL

ZIP 60031

Country USA

Name of Additional Joint Inventor, if any:

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Given Name (first and middle [if any])

Family Name or Surname

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Signature

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Residence: City

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Mailing Address

City

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ZIP

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Inventor's
Signature

Date

Residence: City

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Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

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